

RESIDENT INSTRUCTIONS for completing a **FIELD NOTE**

1

Ask for some feedback related to your learning goals that you wish to receive from your preceptor

2

Take a couple of minutes to verbally discuss the feedback

3

Enter this feedback into the eFN app
(either you or your preceptor can write the field note)

→ Look inside for more instructions & helpful hints!



HOW *to fill out a* **FIELD NOTE**

1. **Open** T-Res 2 App and start a new FN
2. **Add** preceptor and resident names from the drop down list
(some info will pre-populate)
3. **Enter** Activity Observed (eg. *taking a history, doing a Pap*). Put any CanMEDS-FM role in this field if relevant, along with the Activity Observed.
4. **Select** "Direct Observation" whenever your preceptor observes you doing an activity.
 - » Direct observation can be useful at any stage of your training:
 - » Early on to develop the trust of your preceptor and to ensure your regional examinations and history skills are good.
 - » Later in your training to refine your approach to clinical and non-clinical activities, and add nuance to your skills.
5. **Document** feedback given
 - » **CONTINUE**: specifically *how* you did this well, not just *what* you did.
 - » **CONSIDER**: specifically, *how* to improve.
 - **HINT**: Ask your preceptor to use language that is **descriptive, specific, and constructive**

Examples

Effective feedback: *You set the stage well to discuss Mr Smith's cancer diagnosis with him when you inquired gently about how much he knows already. Next time, have tighter follow up - an appointment with the Cancer Clinic, and a follow up with you organized in advance.*

Not effective: *Nice job on that exam.*

6. **Once** you save your Field Note, your preceptor* can select from the Field Note Scale." (*Preceptor must have account and T-Res 2 downloaded)

This is what your preceptor is looking for:

Needs considerable coaching for this activity.

- » You need reassurance. The activity may be new to the resident, you may coach prior to activity to establish an approach and for specific skills, or directly observe much of this activity, for reassurance.

Needs some coaching for this activity.

- » You are confident that your resident has a basic approach and will check with you prior to activity, or after the activity to confirm. You may directly observe a portion of the activity, and review, before the patient leaves, to consolidate the resident's approach and coach specific skills.

Needs minimal coaching....

- » You are confident in your resident's basic approach, and that they will promptly find you if the situation is complex or risky. You may directly observe to polish their approach or add nuance to their skills.

Independent for this activity, needs coaching only for refinement

- » You are confident that your resident can fully handle this activity independently and will seek appropriate assistance. You might directly observe this resident, or review to refine their skills.

COLLABORATING WITH YOUR PRECEPTOR ON A FIELD NOTE

- » If you both have the App on your smartphone (and an account):
 - When you sync your FN on your T-Res App, your Preceptor will get a copy on their smartphone in T-Res 2.
 - If your Preceptor initiates the FN on their T-Res 2 App, this will appear on your smartphone in T-Res 2.
 - If your Preceptor does not yet have an account, show them the "I endorse this Field Note" choice on your FN form and ask if they wish to select this on *your* form.

Six Skill Dimensions

There are six essential skills that enable the family physician to deal competently with problems in the domain of family medicine.

Clinical Reasoning Skills

- » Efficiently use the hypothetico-deductive model in a manner adapted to the patient's needs, the problem at hand and the context of the encounter.

Communication Skills

- » Consistently use good communication skills (listening, reflection, verbal, nonverbal, written) in a culturally and situationally aware manner.

Patient Centred Approach

- » Incorporate the patients feelings, ideas, function and expectations smoothly in to a medical history.

Procedural and Clinical Exam Skills

- » Employ best practice in your appropriate examination of the patient and in doing procedures.

Selectivity

- » Makes choices that lead to efficient and effective patient care and mindful use of resources.

Professionalism Skills

- » Demonstrates the habits and behaviors of a professional practicing physician.

CanMEDS-FM

Feel free to put a CanMEDS-FM role in the Activity Observed Field. You can search this easily on your T-Res Quick Search webpage.

Family Medicine Expert

- » What you know and how you apply your knowledge to patients and community in a patient-centered way.

Manager

- » Running your office, making a living, getting through a busy day efficiently!

Collaborator

- » Your inter/intraprofessional encounters and your ability to work in a team.

Communicator

- » How you communicate with your patients, their families, and your staff.

Health Advocate

- » How you promote health and wellbeing for your patients and community.

Scholar

- » Your ability to practice evidence-based medicine and to answer important clinical questions.

Professional

- » Your behaviour, resilience, and wellbeing.

Domains of Care

Graduates need to be competent in providing care across the lifecycle, in a variety of care settings and to a broad base of patients.

Family Medicine Fundamentals

Health Equity and Care of the Community

Maternity and Newborn Care

Care of Children and Adolescents

Care of Adults

Care of the Elderly

Palliative and End of Life Care

Mental Health and Addiction

Surgical and Procedural Skills

1. ***What is a Field Note?***

- » A Field Note is a recording device used in a clinical setting to document feedback from Preceptors to Residents

2. ***What is the purpose of Field Notes in UBC's Family Medicine Program?***

- » Field Notes serve two purposes:
 - » To provide meaningful, ongoing formative assessment to enhance the learning of Residents
 - » To provide data to help inform summative assessments such as ITARs and Periodic Reviews

3. ***Is the Field Note a validated tool?***

- » Literature on feedback has shown that brief feedback sessions, if written down, are shown to be effective to drive learning
- » A collection of Field Notes from multiple observers is considered to be valid and reliable as an assessment tool; therefore it can safely inform a summative assessment

4. ***Who should write the Field Note?***

- » Either a Preceptor or Resident can actually write a Field Note. If a Resident writes the Field Note, Preceptors should confirm the Resident's record of the situation.
- » Other observers of the Resident (i.e. office staff, other medical professionals, patients) can also complete a Field Note, if desired

5. ***Does my preceptor have to directly observe me in order to write a Field Note?***

- » No, although the most accurate and powerful learning reinforcement and correction comes from directly observing Residents at work and providing specific feedback on what you actually saw and heard in their behaviour

- » You may also write a field note based on a case presentation you make or on feedback you receive from another source (i.e. patient or colleague)

6. *Does my preceptor have to watch an entire Resident/patient interaction to write a Field Note?*

- » No. As long as your preceptor witnesses something worth commenting on, he/she may write a Field Note that provides you with concrete, behavioural feedback.

7. *When should a Field Note be completed after an observation?*

- » As soon as possible. Feedback recorded directly following an observation is less subject to memory shift compared with that recorded subsequently

8. *How long should a Field Note feedback session take?*

- » This is flexible but most Preceptors can provide concise verbal feedback and record this concretely on a Field Note within 2-3 minutes
- » Some Preceptors prefer to write Field Notes immediately following an observation and then schedule a longer session with the Resident at another time to discuss multiple observations and related Field Notes.

9. *Who can see my Field Notes?*

- » You can see any field notes on which you are identified as the resident
- » Preceptors can see all field notes on which they are identified as the preceptor
- » Site Directors and Assessment & Evaluation faculty can see all field notes on the residents at their site
- » The Program Director and Assessment Director can see all field notes for the residents in the program

10. *How can I use my completed Field Notes?*

- » Create and review your 101 Aggregated Field Note Report at the t-res.net website prior to the Periodic Review of Progress, so you can identify your gaps and accomplishments, demonstrate your competence and plan your future learning.
- » Preceptors can use field notes to help inform the completion of In-Training Assessment Reports (ITARs)

11. *How often should I be writing a Field Note?*

- » You need one PRECEPTOR field note per week, minimum. You and your preceptor are encouraged to do more than this, as Field Notes provide evidence about your competence.

12. *What does the Field Note Scale mean?*

- » The Field Note Scale helps to quantify your preceptors coaching efforts for you in terms of your approach to a clinical or non-clinical activity, and your skills needed to manage this activity. As well, it suggest a purpose for Direct Observation at all stages of competence. It gives an indication of progress towards competence in managing this particular activity.
- » Reflective Resident Field Notes (no preceptor input) are useful too. Having that preceptor work with you and collaborate on Field Notes is better.

13. *If I record “negative” feedback, will it go on a Resident's permanent record?*

- » No. Field Notes are not part of a Resident's permanent file
- » Preceptors and Residents are encouraged to “flag” a Field Note that needs follow up and to ensure that a subsequent Field Note documents improvement in the area of concern

14. *Are other Family Practice residency programs using Field Notes?*

- » Yes, most programs use a version of a Field Note or are currently developing one.
- » Some examples of those with well-developed Field Note programs are the University of Alberta, Dalhousie, and the Northern Ontario School of Medicine

for more **INFORMATION**

We hope you have found this information to be useful, and welcome “coaching” to improve as well!

PLEASE SEND COMMENTS TO:

Your Site Faculty for Assessment & Evaluation

or email: **postgrad@familymed.ubc**

FOR MORE RESOURCES, VISIT:

postgrad.familymed.ubc.ca/resources/

T-RES SUPPORT:

t-res.net

support@t-res.net

Toll-free: 1 (866) 694-2323

Local (Vancouver): (604) 693-2323

UBC FAMILY PRACTICE *RESIDENCY PROGRAM*

Suite 300 - 5950 University Boulevard

Vancouver, BC

POSTGRAD.FAMILYMED@UBC.CA